

**B11000475**

Building Address: 1924 Millers Mill Rd Woodbine Md 21797

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Sands property

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 2

Tax Map: 140008 Parcel: A10 Grid: 0012

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFO

Proposed Use: SFO

Estimated Construction Cost: \$ 6000

Description of Work: Install 500 gal in ground propane tank

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: owner

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Bille Michael Wheeler

Address: 6315 Morning Dew Ct

City: Clarksville State: md Zip Code: 21021

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein):  
Jeremy Clancy 7051 Macbeth way  
Ellicottsburg md 21761

Phone: 443-340-1229 Fax: \_\_\_\_\_

Email: AppliedAndApproved@yahoo.com

Contractor Company: Valley National Gases

Contact Person: William Gerwig

Address: 7201 Montevideo Rd

City: Jessup State: md Zip Code: 20794

License No.: 67793

Phone: 410-799-1114 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: Contractor

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]

Email Address: AppliedAndApproved@yahoo.com

Title/Company: permits

Print Name: Jeremy Clancy

Date: 2/16/11

**RECEIVED**

FEB 22 2011

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

LICENSES & PERMITS DIVISION

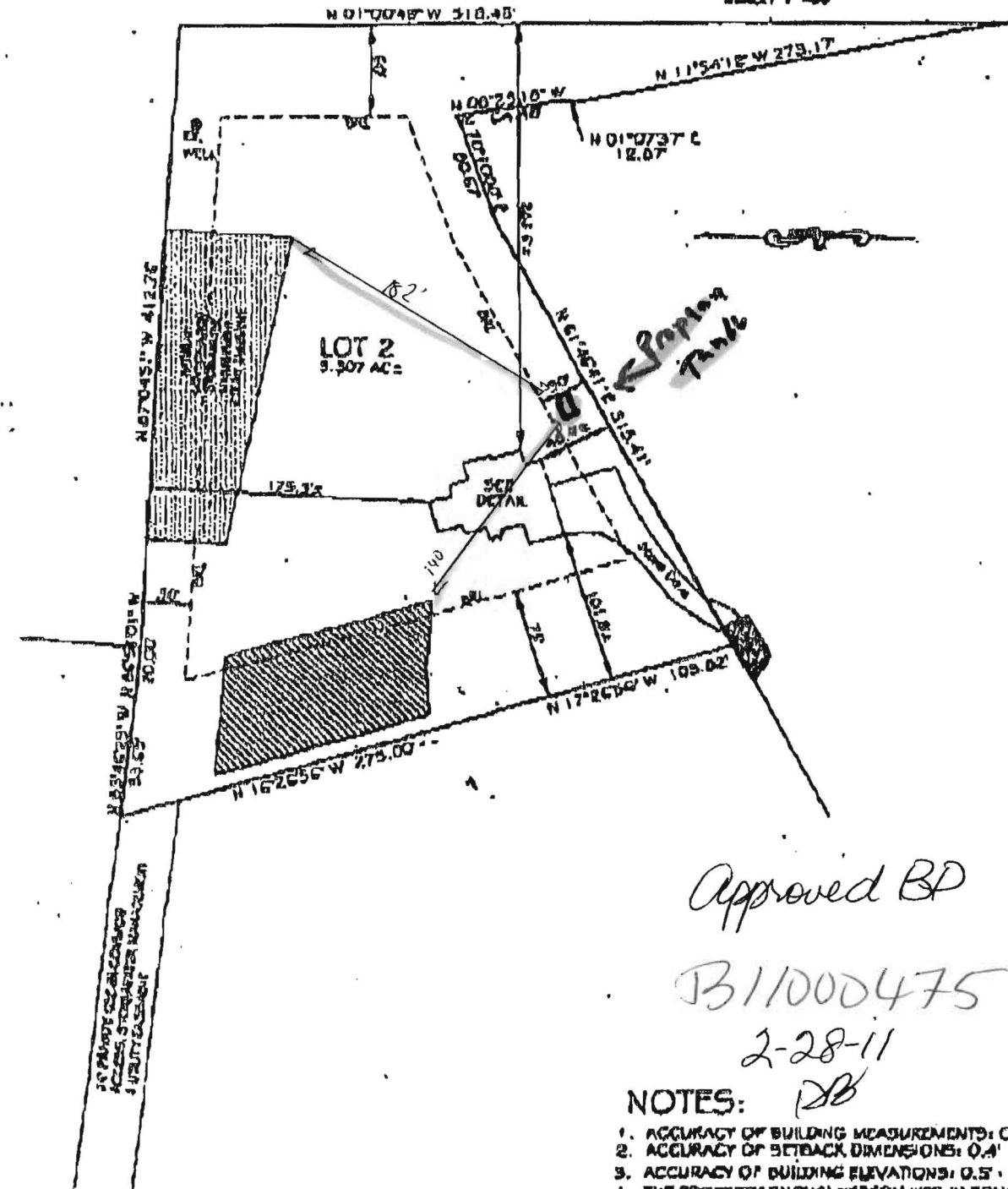
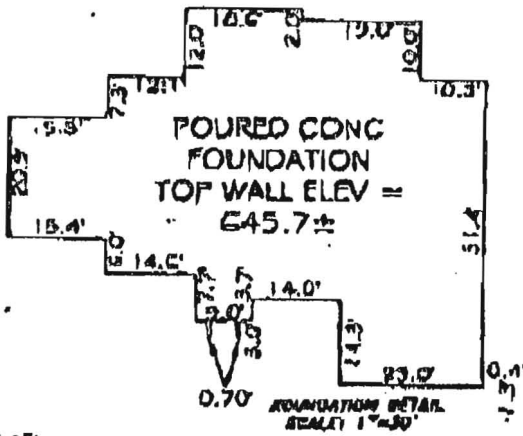
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2-28-11</u>	<u>D. Bernard</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CL# 2309



Approved BP

B11000475

2-28-11

NOTES: JB

- 1. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
- 2. ACCURACY OF SETBACK DIMENSIONS: 0.1'
- 3. ACCURACY OF BUILDING ELEVATIONS: 0.5'
- 4. THE PROPERTY SHOWN HEREON LIES IN ZONE 'C' AS SHOWN ON FLOOD INSURANCE RATE MAP NO. 240044 0000 B DATED: DEC. 4, 1986.

MILLERS MILL ROAD  
0.2 MILES TO RIGHT PAVE ROAD

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER PURPOSES ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER DIMENSIONS OF IMPROVEMENTS. IT DOES NOT PROVIDE ACCURATE IDENTIFICATION OF PROPERTY LINES; SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR TITLE TRANSFER PURPOSES. FINANCIAL OR RETAINING. IT WAS PREPARED UNDER THE DIRECT SUPERVISION AND UNDER THE CLOSE PERSONAL SUPERVISION OF THE PROFESSIONAL SURVEYOR.

**SHANABERGER & LANE**  
 8726 TOWN AND COUNTRY BLVD., SUITE 201  
 ELLICOTT CITY, MD. 21048  
 (410)461-9693 FAX (410)461-9693



FOUNDATION LOCATION DRAWING  
**LOT 2**  
**SANDS PROPERTY**  
 FLAT # 19306  
 TAX MAP B GRID 22 PARCEL 90  
 4TH ELECTION DIST.  
 HOWARD COUNTY, MD.  
 SCALE: 1"=100' JANUARY 6, 2011.

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

Building Address 1724 Millers Mill Rd  
Woodbine MD 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Sum's Property

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map 8 Parcel lot 2 70 Grid 22

Zoning R-10 Map Coordinates \_\_\_\_\_ Lot Size 3,300

Property Owner's Name Mike Williams + Billie Alex. Whelan

Address 6011 Holton Dorsey Way

City Columbia State MD Zip Code 21045

Home Phone 410-730-8167 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 775,000.00

Description of Work 1st flr 2 1/2 baths

Contractor Company Viking Development Corp

Contact Person Cary Cumberland

Address 815 Windriver Dr

City Sykesville State MD Zip Code 21784

License No. 1185

Phone 410-977-2188 Fax 410-487-7613

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Cary Cumberland

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_

Phone 301-115-7121 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor: <u>64x60</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: <u>64x60</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>64x60</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>5</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Applicant's Signature \_\_\_\_\_

Email Address \_\_\_\_\_

Title/Company \_\_\_\_\_

Print Name Cary Cumberland

Date 4-12-10

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\***

**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>10-28-10</u>	<u>D. Beunard</u>	
Fire Protection			

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

**PROPERTY ID #**

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # \_\_\_\_\_

Validation # \_\_\_\_\_

All minimum setbacks met?

YES  NO

Is Entrance Permit Required?

YES  NO

Historic District?

YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

Accepted by \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies \_\_\_\_\_

White: Building Officials


Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

**NOTES:**

1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN SEPTEMBER, 2010 BY SHANABERGER & LANE.
2.  PRIVATE SEWAGE EASEMENT.
3. EXISTING WELL SHOWN ON THIS PLAN WAS FIELD-LOCATED IN SEPTEMBER, 2010.
4. THERE ARE NO STEEP SLOPES OF 25% OR GREATER ON THIS LOT.
5. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM PLAT #19306.
6. LEGEND
  - - - - - DESIGNATES LIMIT OF DISTURBANCE
  - DESIGNATES PROPOSED SILT FENCE
  - 488 ----- DESIGNATES EXISTING CONTOUR
  - 488 ----- DESIGNATES PROPOSED CONTOUR
  - 460 X ----- DESIGNATES PROPOSED SPOT ELEVATION
  - DESIGNATES BUILDING RESTRICTION LINE
8. STORMWATER MANAGEMENT WAS PROVIDED UNDER F-07-065 AS FOLLOWS: WQv AND REV PROVIDED BY ROOFTOP AND NON-ROOFTOP DISCONNECTS. THE SITE IS EXEMPT FROM PROVIDING CFv.
9. TOTAL DISTURBED AREA: 15,583 SQ. FT. ±
10. TOTAL LENGTH OF SILT FENCE: 200 L.F.

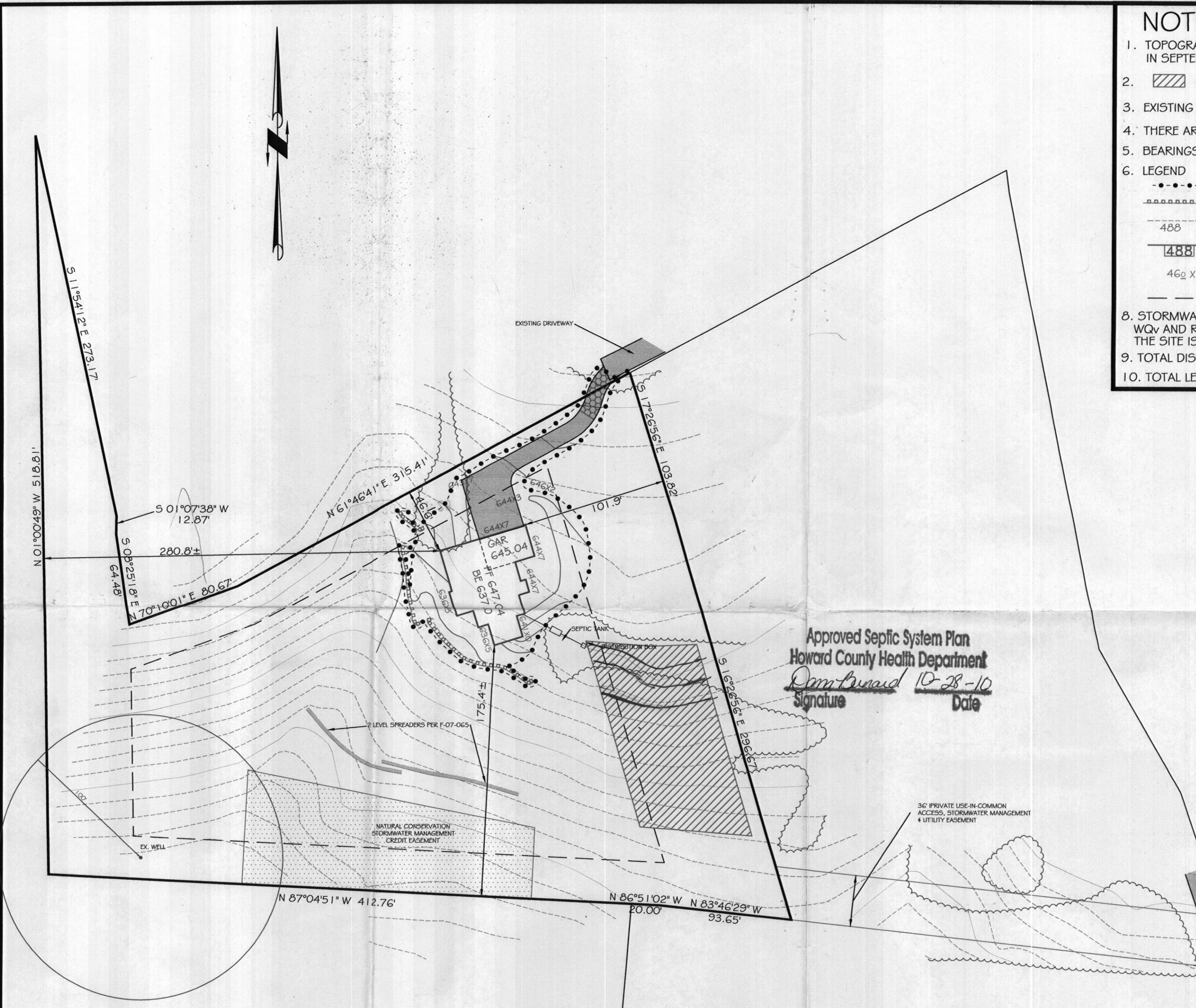
**SEPTIC SYSTEM DATA**

HOUSE	
INV. AT HOUSE	638.4
SEPTIC TANK	
EX. GRADE	640.2
FIN. GRADE	640.2
INV. IN	637.9
INV. OUT	637.6
DISTRIBUTION BOX	
EX. GRADE	640.0
FIN. GRADE	640.0
INV. IN	637.25
INV. OUT	637.0

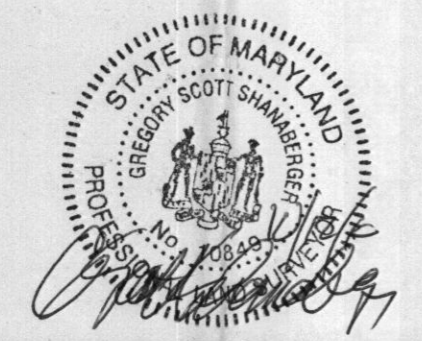
GRAVITY SEWER SERVICE TO THE BASEMENT LEVEL IS NOT PROVIDED. AN EJECTOR PUMP IS REQUIRED.

Approved Septic System Plan  
 Howard County Health Department  
*Dan Bernard* 10-28-10  
 Signature Date

MILLERS MILL RD.  
 50' RM



**SHANABERGER & LANE**  
 8726 TOWN & COUNTRY BLVD.  
 SUITE 201  
 ELLICOTT CITY, MD. 21043  
 PHONE: 410-461-9563  
 FAX: 410-461-9693



**SITE PLAN**  
**LOT 2**  
**SANDS PROPERTY**  
 PLAT #19306  
 TAX MAP 8 GRID 22 PARCEL 90  
 4th ELECTION DIST. HOWARD COUNTY, MD.  
 SCALE: 1"=50' OCTOBER 11, 2010